



MAINE REVENUE SERVICES SALES, FUEL & SPECIAL TAX DIVISION EXEMPTION APPLICATION

INCORPORATED NONPROFIT NURSING HOME

Name of Corporation _____
Name of Nursing Home _____
Physical Location _____
Mailing Address _____

The statute reads, Sales to incorporated nonprofit nursing homes licensed by the Department of Health and Human Services. PL 2005, c. 622, §6 (new).

Is the nursing home incorporated? Yes ____ No ____

Is the nursing home licensed by the Maine Department of Health and Human Services?
Yes ____ No ____

Has the nursing home received 501(c) nonprofit status from the IRS? Yes ____ No ____

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the nursing home license from the Maine Department of Health and Human Services.
3. Copy of the IRS determination letter indicating 501(c) nonprofit status

Note: All information contained on this application is subject to **VERIFICATION** by Maine Revenue Services. Maine Revenue Services may request additional information or documentation necessary to determine eligibility.

I hereby certify that _____ is an incorporated nonprofit nursing home licensed by the Maine Department of Health and Human Services. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16B).

Date: _____ Signature: _____

Tel: _____ Printed Name: _____

Fed ID: _____ Title: _____

Date Facility Opened: _____

Mailing address: Maine Revenue Service, P.O. Box 1060, Augusta, ME 04332-1060

APP-131 (Rev 10/05)

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